

RENEWAL CHECK OFF LIST C-1

EMPLOYEE NAME: _____

THIS IS TO CERTIFY THAT THERE ARE COPIES OF THE FOLLOWING FORMS IN THE CONTRACT FILE LOCATED IN THE EMPLOYING UNIT FOR THE ABOVE-NAMED EMPLOYEE. ***FORMS REQUIRING UPDATED INFORMATION, HAVE BEEN UPDATED, AND A COPY IS ATTACHED TO THIS CHECK OFF LIST:***

- ___ DHMH 1819 FORM
- ___ POSITION CLASSIFICATION WORKSHEET (IF CLASSIFICATION IS NOT ON THE DHMH DELEGATED CLASSIFICATION LISTING)
- ___ APPLICATION/RESUME
- ___ LICENSE, REGISTRATION, DIPLOMA, TRANSCRIPTS, ETC.
- ___ RECORD OF COMPLETION OF EMPLOYMENT REFERENCE CHECK(S)
- ___ RECORD OF COMPLETION OF EDUCATIONAL CREDENTIAL CHECK(S)
(WITH ACCOMPANYING DOCUMENTATION)
- ___ RECORD OF COMPLETION OF EXPERIENCE CREDENTIAL CHECK(S)
(WITH ACCOMPANYING DOCUMENTATION)
- ___ FORM I-9 (DOCUMENTATION IS CURRENT, I.E., NOT EXPIRED)
- ___ AUTHORITY FOR RELEASE OF INFORMATION FORM
- ___ CRIMINAL CONVICTION REPORT FORM
- ___ CRIMINAL BACKGROUND CHECK FORM
- ___ COMBINED IRMA POLICY ACKNOWLEDGMENT FORM
- ___ STATE OF MD SUBSTANCE ABUSE POLICY ACKNOWLEDGMENT FORM
- ___ DRUG TESTING REQUIREMENT (SENSITIVE CLASSIFICATIONS ONLY)
- ___ DRIVER ACKNOWLEDGMENT FORM
- ___ SEXUAL HARASSMENT FORM
- ___ HEALTH BENEFITS ELECTION FORM
- ___ MARYLAND NEW HIRE REGISTRY REPORTING FORM
- ___ DOMESTIC VIOLENCE ACKNOWLEDGMENT FORM
- ___ EQUAL OPPORTUNITY APPLICANT DATA FORM
- ___ REQUEST FOR STATE I.D. BADGE (STATE OFFICE COMPLEX EMPLOYEES)

CONTRACT ADMINISTRATOR/PERSONNEL LIAISON*

DATE

*MUST BE ORIGINAL SIGNATURE

REVISED 3/2003